

TOWN OF SOMERS
ENVIRONMENTAL HEALTH
P.O. BOX 308
SOMERS, CONNECTICUT
(860) 763-8216

Fee: \$150.00 Minor/Tank Only: \$75.00 >2000 Gal.: \$300.00

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

Property Location: _____

New Construction: _____ Repair/Replacement: _____

Owner: _____ Installer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

License Number: _____

TYPE OF STRUCTURE: Residential _____ Commercial _____ Industrial _____ Other _____

Public Sewer Connection _____ :

Sewer Connection _____ size _____ length _____

Subsurface Sewage Disposal System _____ :

Design Criteria:

of bedrooms _____, or gals./day _____

whirlpool bath: yes _____ no _____, # of gals. _____

garbage disposal: yes _____ no _____

Engineer Design: yes _____ no _____, date of plan _____

Tank size: _____ gals. Leachfield Type: _____ size _____ sq. ft

Foundation drains: _____ Curtain drains: _____

Grease trap: _____ Pump System: _____

Water Supply: Public _____ Private _____

The sewage disposal system installed on the above referenced property will be installed in accordance with the State of Connecticut Public Health Code and the information stated above.

Signed _____

(Owner or duly authorized representative)

Date _____